Attorney Docket No.: CUTLER-07776

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Neal R. Cutler for Compositions And Methods For The Co-Formulation And Administration Of Tramadol And Propoxyphene.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date October 28, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV329483170US addressed to: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1.	Type	Of	App	lica	tion
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This new application is for a(n)

- Original (nonprovisional)
- Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

 - Pages of Specification
 - 2 Pages of Claims
 - 1 Page of Abstract
 - 0 Sheets of Informal Drawings
- 3. Declaration
 - × Enclosed
 - Unexecuted.
- **Inventorship Statement**

The inventorship for all the claims in this application is:

- X the same
- Language
 - X English
- 6. . Assignment
 - An assignment of the invention to Alamo Pharmacueticals, LLC is attached.
 - X Form PTO-1595 will follow.
- 7. Fee Calculation (37 C.F.R. § 1.16)
 - X Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))	
Total Claims (37 C.F.R. § 1.16(c))	8 - 20 =	0 × \$18.00 =	\$0.00	
Independent Claims (37 C.F.R. § 1.16(b))	1 - 3 =	0 × \$86.00 =	\$0.00	
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00	

Filing Fee Calculation

\$770.00

PATENT

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Small Entity Statement(s) 8. X Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27. \$385.00 Filing Fee Calculation (50% of above) 9. Fee Payment Being Made At This Time X Enclosed × \$385.00 basic filing fee **Total Fees Enclosed** \$385.00 Method of Payment of Fees 10. X Check in the amount of \$385.00 Authorization To Charge Additional Fees and Credit Overpayment 11. X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose. 12. Power of Attorney by Assignee X Enclosed 13. Return Receipt Postcard × Enclosed October 28, 2003 Dated: Thomas W. Brown Registration No.: 50,002 MEDLEN & CARROLL, LLP 101 Howard Street, Suite 350 San Francisco, California 94105

617/984-0616

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This transmittal ends with this page.